AUG 1 8 2006

510(k) Summary

Sponsor:

RSB Spine, LLC

3030 Superior Ave., Suite 703

Cleveland, OH 44114

Contact

James M. Moran, D. Eng.

Person:

Vice President of Engineering and Chief Technical Officer

Proprietary

Trade Name:

InterPlate™ VBR System

Classification

Name

888.3060 - Spinal Intervertebral Body Fixation Orthosis

Device Product

Code:

MQP

Device

The InterPlate™ VBR consists of plates, bone screws and screw covers. Various **Description:** plate sizes are available to accommodate individual patient anatomy and graft

material size. Screw covers are individually matched to the plate size.

Intended Use:

The InterPlate™ VBR device is indicated for the replacement of a complete or partial vertebrectomy, when used with a bone graft to facilitate fusion. It is designed to restore biomechanical integrity of the thoracic and lumber spine, from T1 to L5, which has been damaged due to a collapsed or unstable vertebral body resulting from a tumor or traumatic injury. The InterPlate™ VBR device is

intended to be used with a supplemental internal fixation system.

Materials:

The InterPlate™ VBR System components are manufactured from Ti-6Al-4V

titanium alloy (ASTM F136).

Substantial

Equivalence:

Documentation was provided which demonstrated the InterPlateTM VBR System to be substantially equivalent to previously cleared devices including the MC+ Partial VBR (LDR Spine USA), the SynFix™ - LR (Synthes USA), the StalifTM TT (Surgicraft, LTD) and the Telescopic Plate Spacer (Interpore Cross International). The substantial equivalence is based upon equivalence in intended use, indications, anatomic sites, performance and material of

manufacture.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

AUG 1 8 2006

RSB Spine, LLC % Karen E. Warden, Ph.D. Representative/Consultant 8202 Sherman Road Chesterland, Ohio 44026

Re: K061401

Trade/Device Name: InterPlate™ VBR System

Regulation Number: 21 CFR 888.3060

Regulation Name: Spinal intervertebral body fixation orthosis

Regulatory Class: Class II

Product Code: MQP Dated: July 26, 2006 Received: July 31, 2006

Dear Dr. Warden:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Karen E. Warden, Ph.D.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at 240-276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

Director

Division of General, Restorative and

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Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number: K061401

Device Name: InterPlate TM Vertebral Body Replacement (VBR) System

Indications for Use:

The InterPlateTM VBR device is indicated for the replacement of a complete or partial vertebrectomy, when used with a bone graft to facilitate fusion. It is designed to restore biomechanical integrity of the thoracic and lumbar spine, from T1 to L5, which has been damaged due to a collapsed or unstable vertebral body resulting from a tumor or traumatic injury. The InterPlateTM VBR device is intended to be used with a supplemental internal fixation system.

Prescription Use X	OR	Over-the-Counter Use
(Per 21 CFR 801.109)		

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign Of

Division of General, Res. and Neurological Devices

510(k) Number K061401